

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10030793
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3							53						
4							54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
10							60						
11				1			61						
12							62						
13							63						
14				1			64						
15				1			65						
16				1			66						
17							67						
18				1			68						
19							69						
20							70						
21							71						
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29							79						
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31							81						
32							82						
33							83						
34							84						
35							85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			15				TOTAL DEP.						
TOTAL CLAIMS			18				TOTAL CLAIMS						